

Work Order ID 123619

Monday, August 25, 2014 2:11:34 PM

\*123619\*

Ship Aug 27 of

Page 1

Item ID: D3574-1

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Cabin Floor Protector

Stop

\*NS2\*

Start Date: 8/13/14 Start Qty: 6.00

\*6\*  
\*8\* (4) MP

Cust Item ID:

Required Date: 8/18/14 Req'd Qty: 6.00

Customer:

Reference:

Approvals: Process Plan:

Date: 14-08-25 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run

Start

\*NR1\*

QC: \_\_\_\_\_

Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp	DAS
Draw Nbr	Revision Nbr									23
D3574	Rev B									48 9-89

100

\*100\*

FLOW WATER JET

Waterjet

Memo

0.00

14-08-26

FLOW CNC Waterjet

1-Cut as per Dwg D3574

Dwg Rev: 13

Prog Rev: 3

DAS  
23  
9-89  
AS  
18  
-89

2- Deburr

110

\*110\*

QC2- Inspect parts off machine FAI/FAIB

0.00

QC

Memo

0.00

14-08-26

Quality Control

DQA:

Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date: \_\_\_\_\_

Work Order update only 

Work Order: _____				<b>DISPOSITION</b>		<b>AGAINST DEPARTMENT/PROCESS</b>					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
				Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	Bend <input type="checkbox"/>	Folio/Program <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Centre Not Concentric <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Pressure/Forced Set-up <input type="checkbox"/>			
Cracks	Broken/Damage/Defect <input type="checkbox"/>	Hardware <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Weld <input type="checkbox"/>			
Crimp/Kink/Ripple/Wave	Burrs <input type="checkbox"/>	Countersink <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Drawing <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Part Moved <input type="checkbox"/>			
Crushing	Drill Holes <input type="checkbox"/>	Finish <input type="checkbox"/>	Misaligned/Off-center <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>	Fit/Function <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>			
Heat Treat											
Inspection Strip in Tube											
Marks/Chatter											
Turning Sequence											
Wave/Twist in Tube											

Work Order ID 123619

Monday, August 25, 2014 2:11:34 PM

\*123619\*

Page 2

Item ID: D3574-1

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Cabin Floor Protector

Stop

\*NS2\*

Start Date: 8/13/14 Start Qty: 6.00

\*6\*

Cust Item ID:

Required Date: 8/18/14 Req'd Qty: 6.00

\*6\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

120

QC8- Inspect parts - second check

\*120\*

QC

Quality Control

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp  
DAS  
30  
9-89

0.00

4

14-8-28

130

\*130\*

Small Fab

Small Fab

Small Fab

Memo

Deburr if necessary.

0.00

DAS

30

9-89

14-8-28

140

\*140\*

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

0.00 AS

30

9-89

14-8-28

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date: \_\_\_\_\_

Work Order update only 

Work Order: \_\_\_\_\_  
 Part No. \_\_\_\_\_  
 NCR No. \_\_\_\_\_

**DISPOSITION**

Rework   
 Scrap   
 Use-as-is   
 Suspected Unapproved

**AGAINST DEPARTMENT/PROCESS**

Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General			
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Set-up
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Crimp/Kink/Ripple/Wave	<input type="checkbox"/> Burrs	<input type="checkbox"/> Inspection Incomplete/Unqualified	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Weld
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Wrong Stock Pulled
<input type="checkbox"/> Crushing	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misaligned/off center	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Other
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge	
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread		
<input type="checkbox"/> Marks/Chatter	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set		
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration		
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence		

**Work Order ID 123619**

Monday, August 25, 2014 2:11:34 PM

**\*123619\***

Page 3

Item ID: D3574-1

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Cabin Floor Protector

Stop

**\*NS2\***

Start Date: 8/13/14 Start Qty: 6.00

**\*6\***

Cust Item ID:

Required Date: 8/18/14 Req'd Qty: 6.00

**\*6\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

150

Identify as per dwg & Stock Location:

**\*150\***

Packaging

Packaging

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

0.00

1X  
PP116010

(4)

DAS  
06  
9-09

AUG 02 2013

160

QC21- Final Inspection - Work Order Release

0.00

**\*160\***

QC

Quality Control

Memo

0.00

MLJ 14-09-02

MLJ 14-09-02

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only 

Work Order: _____	<b>DISPOSITION</b>			<b>AGAINST DEPARTMENT/PROCESS</b>				
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

## FAULT CATEGORY

Landing Gear	General			
Bending	Bend <input type="checkbox"/>	Folio/Program <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>
Centre Not Concentric	BOM/Route <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Set-up <input type="checkbox"/>
Cracks	Broken/Damage/Defect <input type="checkbox"/>	Hardware <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>
Crimp/Kink/Ripple/Wave	Burrs <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Weld <input type="checkbox"/>
Cuffs	Contamination <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>
Crushing	Countersink <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>	
Heat Treat	Cut Too Short <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	
Inspection Strip in Tube	Drawing <input type="checkbox"/>	Misread <input type="checkbox"/>		
Marks/Chatter	Drill Holes <input type="checkbox"/>	Off-set <input type="checkbox"/>		
Turning Sequence	Finish <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>		
Wave/Twist in Tube	Fit/Function <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>		

**Picklist Print**

Monday, August 25, 2014 2:11:38 PM

Page 1

Work Order ID: 123619

**\*123619\***

Parent Item: D3574-1

**\*D3574-1\***

Parent Item Name: Cabin Floor Protector

Start Date: 8/13/14

Required Date: 8/18/14

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP Rev :A New Issue 07-01-22 EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.125-F60029-04		Purchased	No				sf	4,477.116		153			DAS 23 9-89
<b>*MI FXS 125-F60029-04*</b> GE PLASTICS LEXAN SHEET									**	128			<b>48</b> <del>5489</del> 14-08-26

	<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
	MAT019	2653.525	
	124866	106	
	m126425	160.925	
	m127934	699.6	
	m128746	1687	08746
TPI		1823.59178	
	m129759	1823.59178	

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**Work Order update only 

Work Order: _____	<b>DISPOSITION</b>	<b>AGAINST DEPARTMENT/PROCESS</b>					
Part No. _____	Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>		
NCR No. _____							

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

<b>FAULT CATEGORY</b>									
Landing Gear		General							
<input type="checkbox"/>	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Folio/Program	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>	Pressure/Forced
<input type="checkbox"/>	Centre Not Concentric	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Set-up
<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Broken/Damage/Defect	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Temperature/Cure
<input type="checkbox"/>	Crimp/Kink/Ripple/Wave	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Inspection Incomplete/Unqualified	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Weld
<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	Wrong Stock Pulled
<input type="checkbox"/>	Crushing	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Misaligned/off center	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>	
<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	
<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Misread				
<input type="checkbox"/>	Marks/Chatter	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Off-set				
<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Calibration				
<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Fit/Function	<input type="checkbox"/>	Out of Sequence				

DART AEROSPACE LTD	Work Order:	123619
Description: Cabin Floor Protector	Part Number:	D3574-1
Inspection Dwg: D3574 Rev: B		Page 1 of 2

### FIRST ARTICLE INSPECTION CHECKLIST

First Article     Prototype

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
Ø3.00	+0.006/-0.001	3.003"	-		V	Jtm01
7.37	+/-0.030	7.37"	-		V	
10.75	+/-0.030	10.75"	-		V	Jtm08
11.00	+/-0.030	11.00"	-		V	
15.25	+/-0.030	15.25"	-		T	Jtm07
25.87	+/-0.030	25.87"	-		T	
39.75	+/-0.030	39.75"	-		T	
44.75	+/-0.030	44.75"	-		T	
49.11	+/-0.030	49.11"	-		T	
51.11	+/-0.030	51.11"	-		T	
53.51	+/-0.030	53.51"	-		T	
63.50	+/-0.030	63.50"	-		T	
65.25	+/-0.030	65.25"	-		T	
10.75	+/-0.030	10.75"	-		V	
11.06	+/-0.030	11.06"	-		V	
14.75	+/-0.030	14.75"	-		T	
25.50	+/-0.030	25.50"	-		T	
25.75	+/-0.030	25.75"	-		T	
26.00	+/-0.030	26.00"	-		T	
32.87	+/-0.030	32.87"	-		T	
38.81	+/-0.030	38.81"	-		T	
44.75	+/-0.030	44.75"	-		T	
45.00	+/-0.030	45.00"	-		T	
48.25	+/-0.030	48.25"	-		T	
58.38	+/-0.030	58.38"	-		T	
61.25	+/-0.030	61.25"	-		T	
64.13	+/-0.030	64.13"	-		T	
64.63	+/-0.030	64.63"	-		T	
66.50	+/-0.030	66.50"	-		T	
7.50	+/-0.030	7.50"	-		V	
9.50	+/-0.030	9.50"	-		V	
10.38	+/-0.030	10.38"	-		V	
10.88	+/-0.030	10.88"	-		V	
14.50	+/-0.030	14.50"	-		T	

DART AEROSPACE LTD	Work Order:	123619
Description: Cabin Floor Protector	Part Number:	D3574-1
Inspection Dwg: D3574 Rev: B		Page 2 of 2

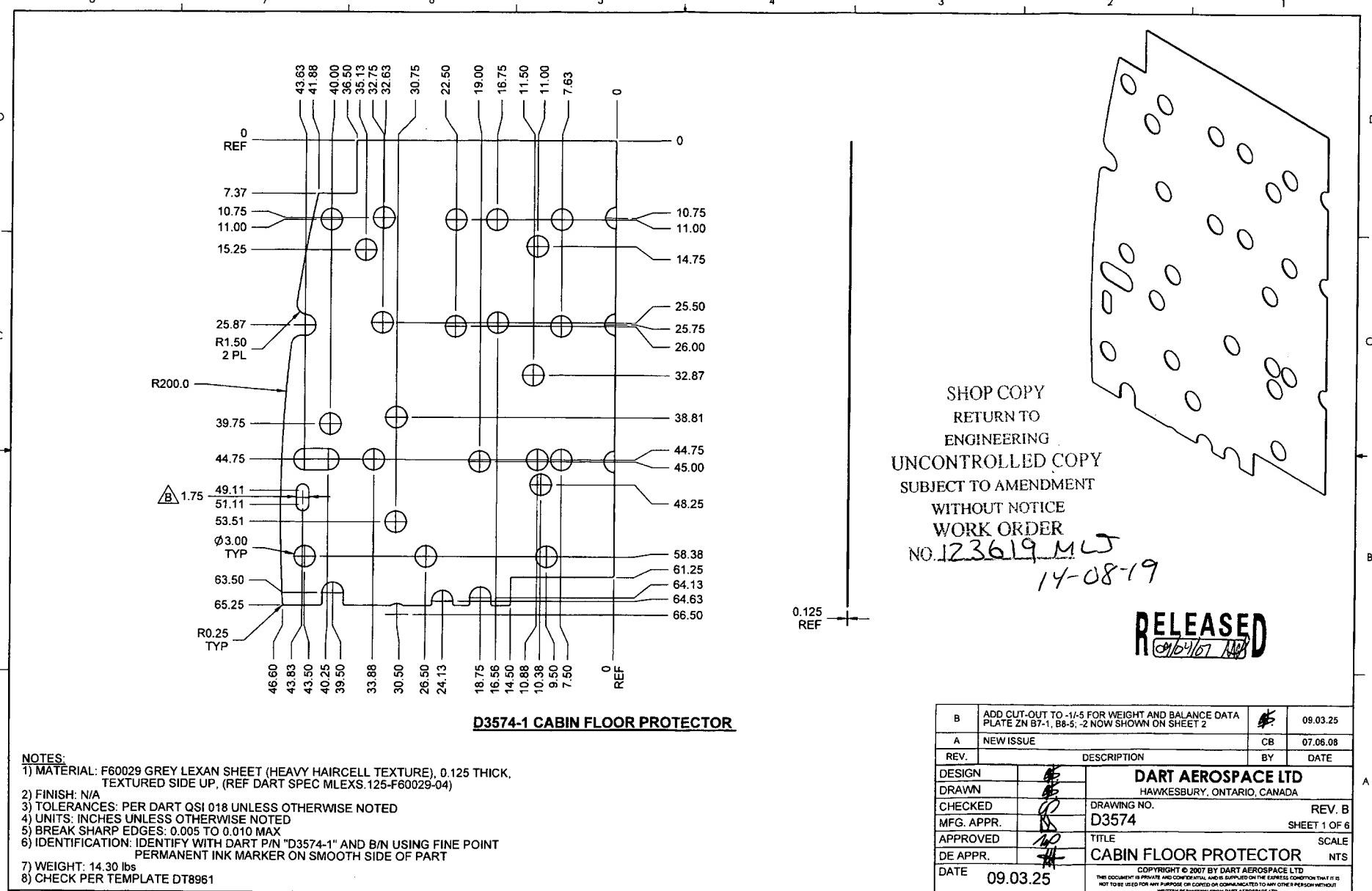
### FIRST ARTICLE INSPECTION CHECKLIST

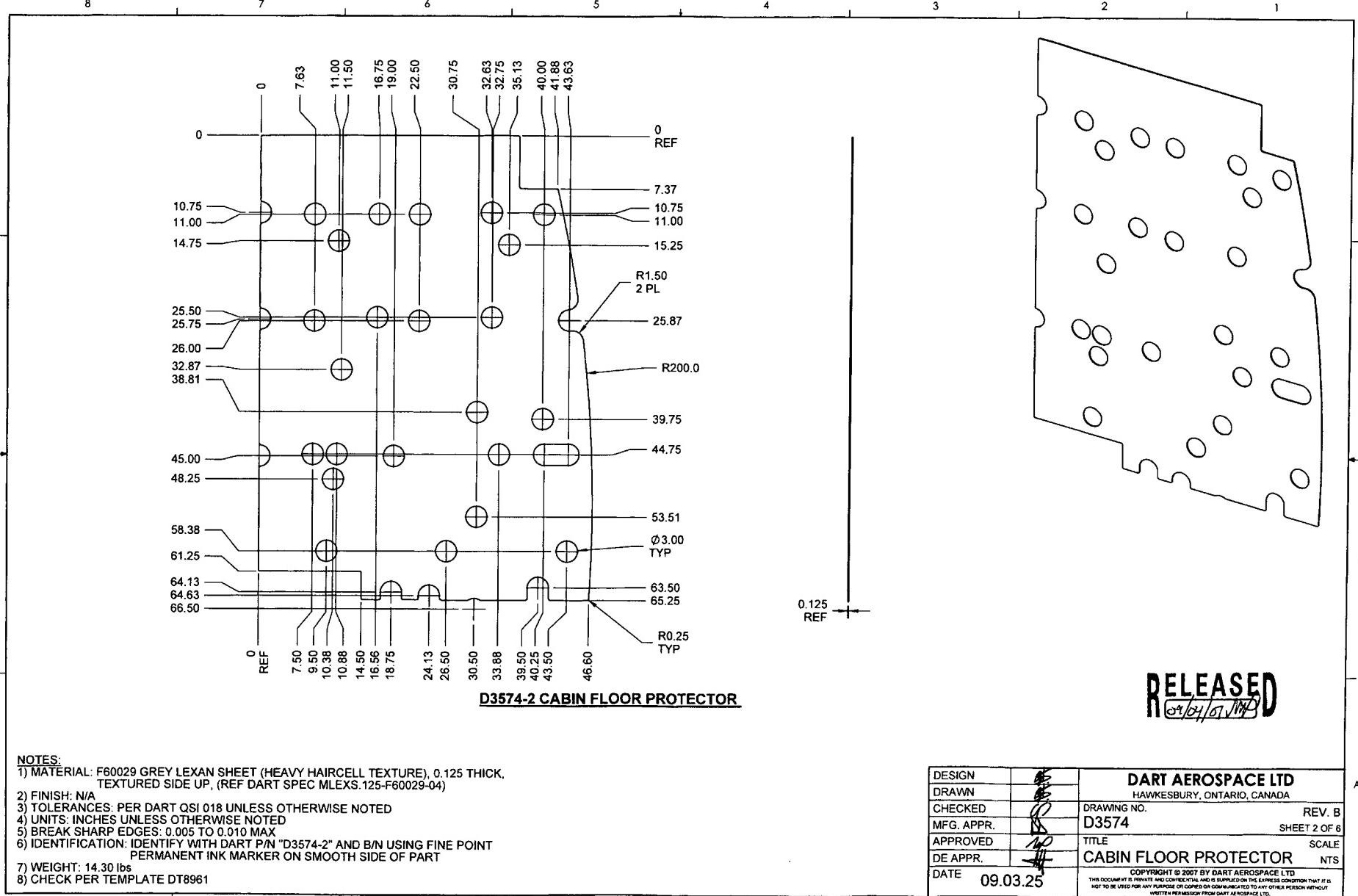
First Article     Prototype

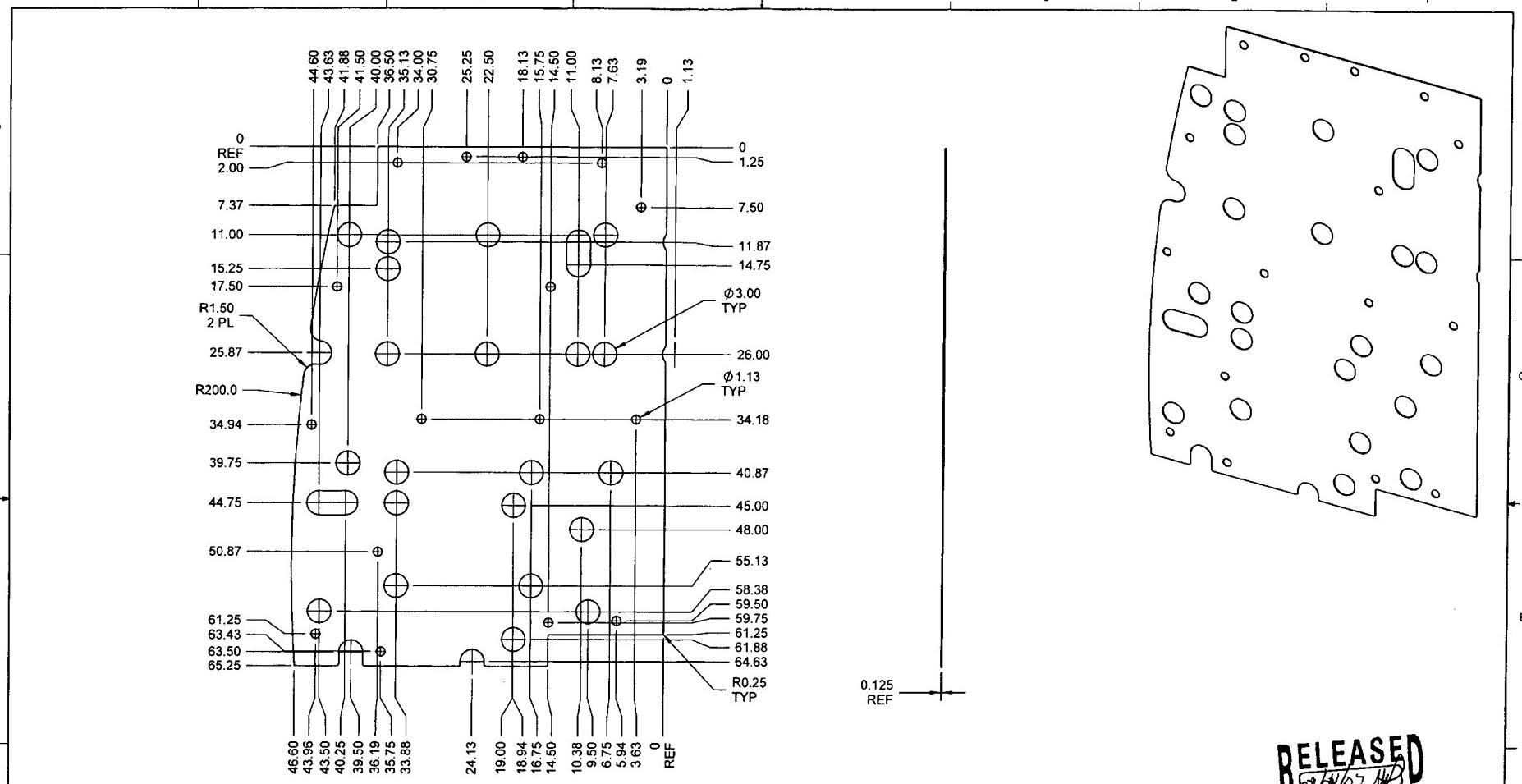
Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
16.56	+/-0.030	16.56"	-		T	
18.75	+/-0.030	18.75"	-		T	
24.13	+/-0.030	24.13"	-		T	
26.50	+/-0.030	26.50"	-		T	
30.50	+/-0.030	30.50"	-		T	
33.88	+/-0.030	33.88"	-		T	
39.50	+/-0.030	39.50"	-		T	
40.25	+/-0.030	40.25"	-		T	
43.50	+/-0.030	43.50"	-		T	
43.83	+/-0.030	43.83"	-		T	
46.60	+/-0.030	46.60"	-		T	
7.63	+/-0.030	7.63"	-		V	
11.00	+/-0.030	11.00"	-		V	
11.50	+/-0.030	11.50"	-		V	
16.75	+/-0.030	16.75"	-		T	
19.00	+/-0.030	19.00"	-		T	
22.50	+/-0.030	22.50"	-		T	
30.75	+/-0.030	30.75"	-		T	
32.63	+/-0.030	32.63"	-		T	
32.75	+/-0.030	32.75"	-		T	
35.13	+/-0.030	35.13"	-		T	
36.50	+/-0.030	36.50"	-		T	
40.00	+/-0.030	40.00"	-		T	
41.88	+/-0.030	41.88"	-		T	
43.63	+/-0.030	43.63"	-		T	
0.125	DAS +/-0.010	0.125"	-		V	

Measured by:	48 23 9.89 9.89	Audited by:	35	Prototype Approval:	N/A
Date:	14.08.26	Date:	14-8-28	Date:	N/A

Rev	Date	Change	Revised by	Approved
A	08.02.28	New Issue	KJ/DD	
B	08.07.31	47.75 dimension removed	KJ/DD	
C	09.05.15	Dimensions updated per Dwg Rev B	KJ	M







D3574-3 CABIN FLOOR PROTECTOR

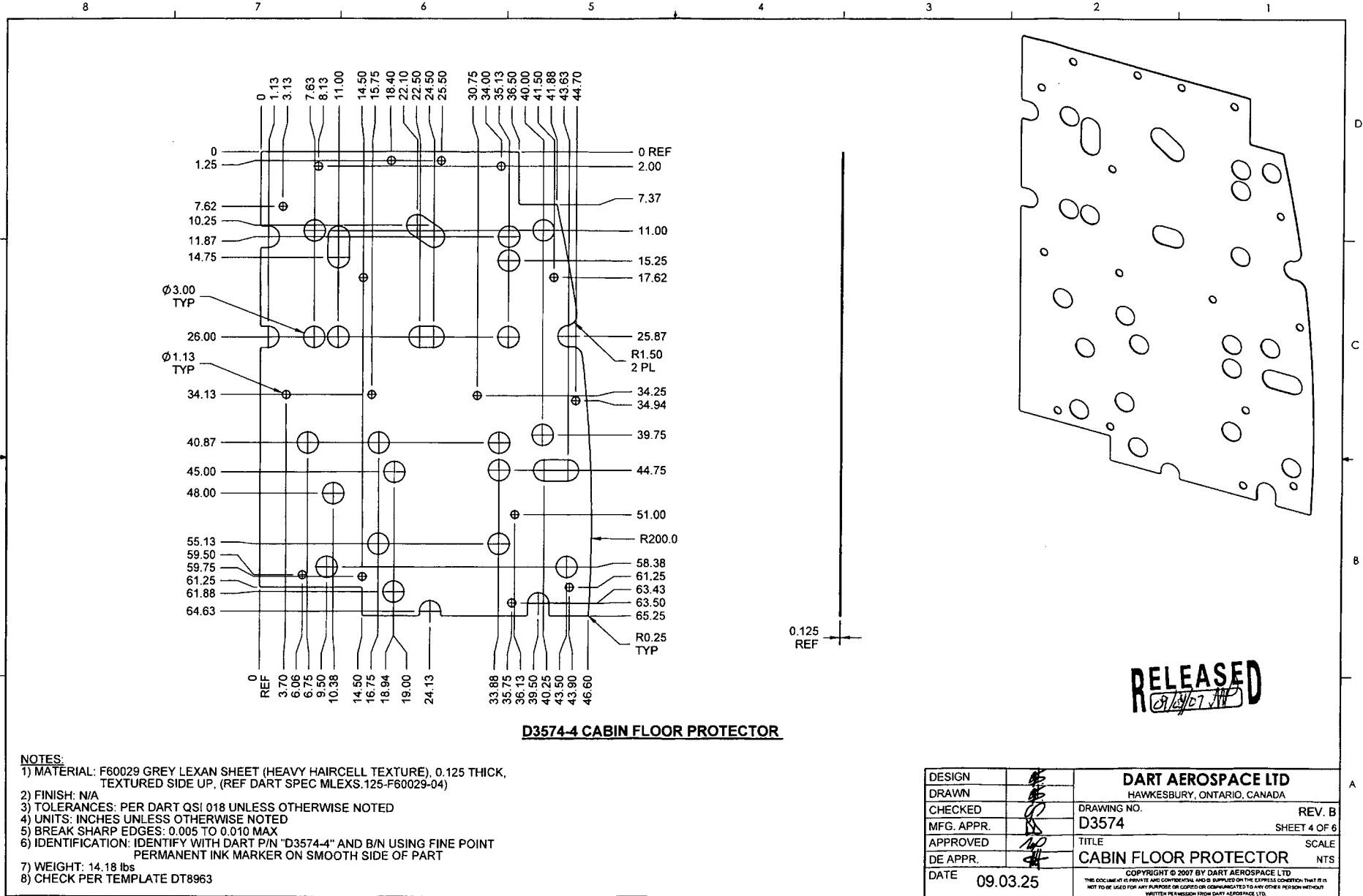
NOTES:

- 1) MATERIAL: F60029 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE), 0.125 THICK, TEXTURED SIDE UP, (REF DART SPEC MLEXS.125-F60029-04)
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3574-3" AND B/N USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE OF PART
- 7) WEIGHT: 14.33 lbs
- 8) CHECK PER TEMPLATE DT8962

RELEASED  
07/14/07 AM

DESIGN	<i>[Signature]</i>	DART AEROSPACE LTD
DRAWN	<i>[Signature]</i>	HAWKESBURY, ONTARIO, CANADA
CHECKED	<i>[Signature]</i>	REV. B
MFG. APPR.	<i>[Signature]</i>	DRAWING NO. D3574
APPROVED	<i>[Signature]</i>	REV. B SHEET 3 OF 6
DE APPR.	<i>[Signature]</i>	TITLE CABIN FLOOR PROTECTOR
DATE	09.03.25	SCALE NTS

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WRITTEN PERMISSION FROM DART AEROSPACE LTD.



RELEASED  
09/04/07

**NOTES:**

- 1) MATERIAL:** F60029 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE), 0.125 THICK,  
TEXTURED SIDE UP, (REF DART SPEC MLEXS.125-F60029-04)

**2) FINISH:** N/A

**3) TOLERANCES:** PER DART QSI 018 UNLESS OTHERWISE NOTED

**4) UNITS:** INCHES UNLESS OTHERWISE NOTED

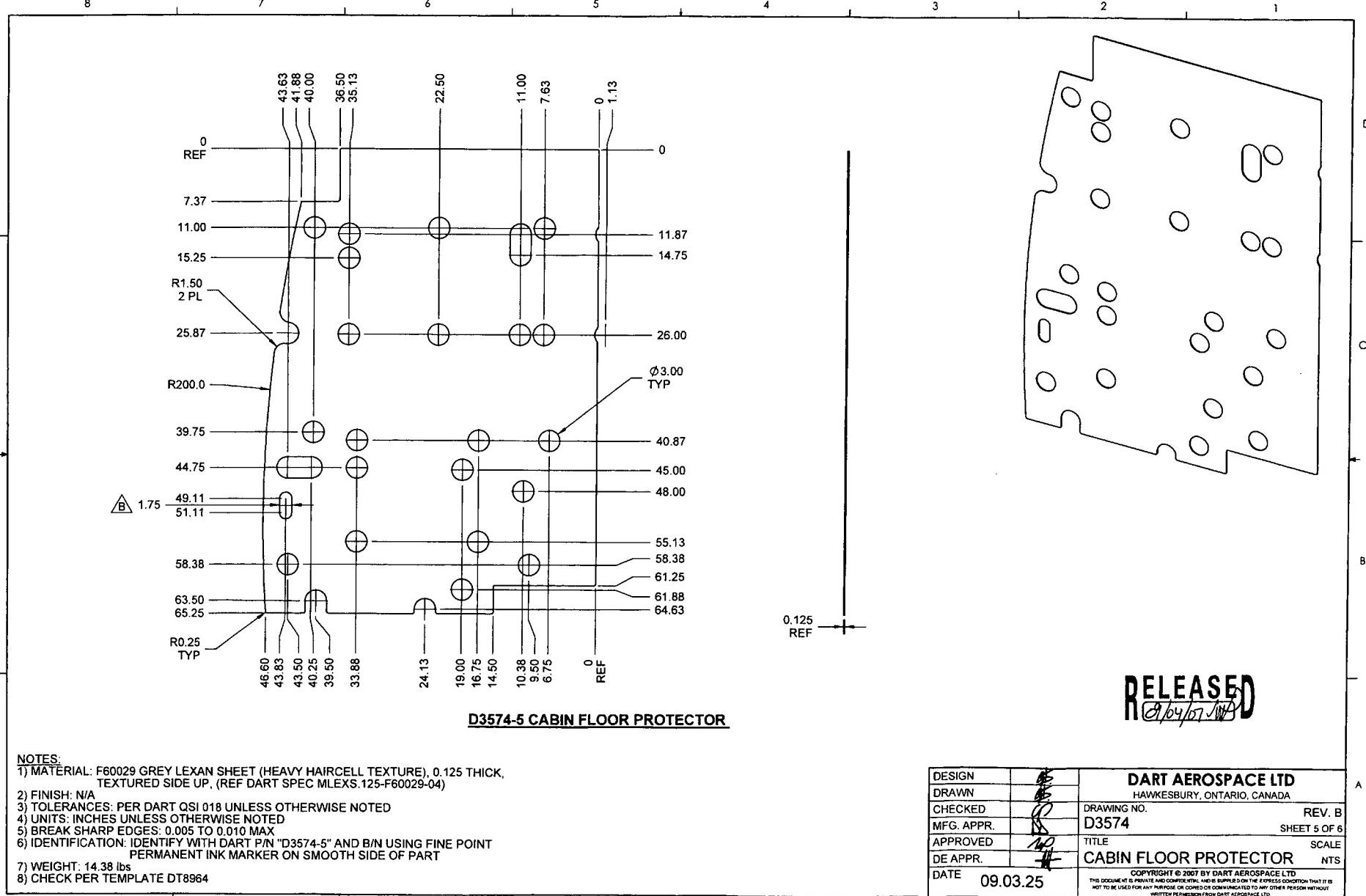
**5) BREAK SHARP EDGES:** 0.005 TO 0.010 MAX

**6) IDENTIFICATION:** IDENTIFY WITH DART P/N "D3574-4" AND B/N USING FINE POINT  
PERMANENT INK MARKER ON SMOOTH SIDE OF PART

**7) WEIGHT:** 14.18 lbs

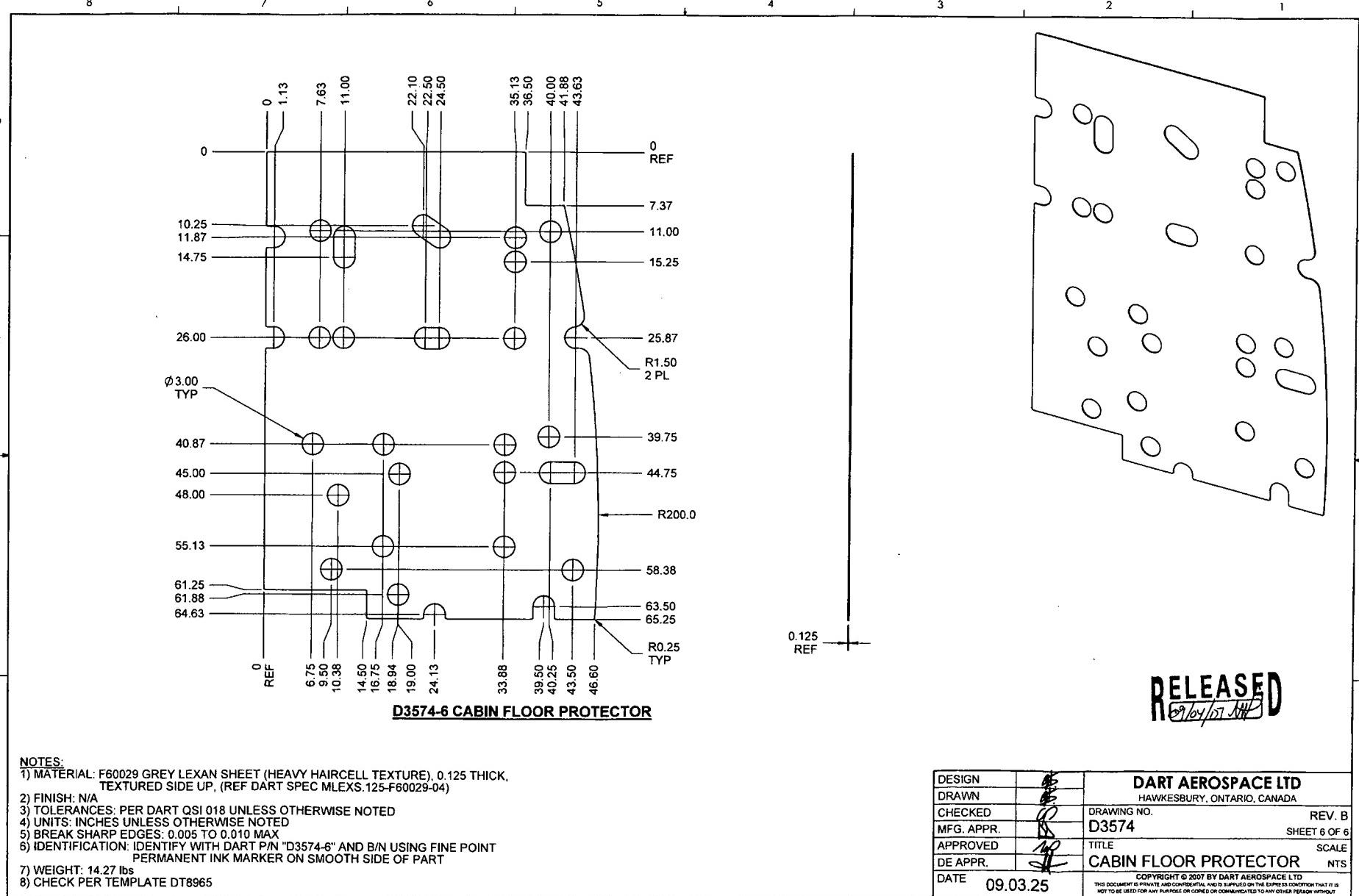
**8) CHECK PER TEMPLATE DT8963**

DESIGN	<del>10</del>	DART AEROSPACE LTD		
DRAWN	<del>10</del>	HAWKSLEY, ONTARIO, CANADA		
CHECKED	<del>10</del>	DRAWING NO.	REV. B	
MFG. APPR.	<del>10</del>	D3574	SHEET 4 OF 6	
APPROVED	<del>10</del>	TITLE	SCALE	NTS
DE APPR.	<del>10</del>	CABIN FLOOR PROTECTOR		
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MFG. APPR.	<del>10</del>	D3574	SHEET 5 OF 6	
APPROVED	<del>10</del>	TITLE	SCALE	
DE APPR.	<del>10</del>	CABIN FLOOR PROTECTOR NTS		
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CHECKED	<i>[Signature]</i>	
MFG. APPR.	<i>[Signature]</i>	DRAWING NO. REV. B
APPROVED	<i>[Signature]</i>	D3574 SHEET 6 OF 6
DE APPR.	<i>[Signature]</i>	TITLE SCALE
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